**Post-Event Summary Report**

**Name of Event**: Workplace of the Future
**Date of Event**: June 22, 2005
**Location of Event**: The Melrose Hotel, 2430 Pennsylvania Ave, NW, Washington, DC 20037
**Number of Persons Attending**: 73
**Sponsoring Organization**: The Center for American Nurses
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<u>**List of Participants' Issues**</u>:

- **Priority Issue #1: Lack of Financial Literacy**
    - *Issue Statement*: While many nurses are thinking about retirement, nearly 60 percent say they have done nothing to prepare for it. Financial literacy is an essential skill that needs to be addressed in order for baby boomers to live out their lives, especially for women who comprise the majority of the nursing workforce. Providing a better understanding of the essential components of a successful retirement and how to disseminate this knowledge to nurses who plan to retire within the next 10 to 15 years is essential to strengthening the mature nursing workforce.
    - *Barriers*: Most nurses are not financially literate and are unaware of financial education programs that may be available to them.
    - *Proposed Solutions*: We recommend the following: (a) developing workplace education programs to train early adopters or ring leaders who would in turn provide financial planning education to others; (b) providing continuing education programs on financial planning to active nurses to explain why nurses need the assistance of a financial planner regardless of their current financial status; and, (c) creating a Web site with an easy to remember address that would provide financial planning information targeted to nurses of all ages.


- **Priority Issue #2 : Unsafe, inadequate ergonomic protections for nurses**
    - *Issue Statement*: The incidence of musculoskeletal disorders persists at high rates for nurses. The Bureau of Labor Statistics ranked registered nursing as sixth on the list of occupations at risk for strains and sprains, ahead of carpenters and construction laborers. Technology, like ceiling lifts, has revolutionized the safe handling of patients and can prevent musculoskeletal disorders. Yet this technology has not been implemented in many health care settings.
    - *Barriers*: Currently there are no federal policies on ergonomics for nurses, and with many health systems struggling financially, and little facility CEO buy-in, the rate at which safe patient handling technology is implemented is sluggish. In addition, there are still gaps in the technology, including

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limitations in turning patients, especially special needs patients and bariatric patients. Paired with the fact that the average nurse doesn't know the hazards associated with manually handling patients, injuries are prevalent among nurses.

- *Proposed Solutions*: We recommend the following: (a) providing incentives for hospitals and nursing homes to implement lift device technology in their facilities; (b) evaluating and disseminating the outcomes associated with implementing technology solutions including the impact on length of stay, the number of falls, and turnover; (c) integrating the availability of lift slings and devices as part of Medicare coverage; (d) making no-lift or minimal lift part of the requirements for participating in Medicare and Medicaid; (e) working toward an ergonomic standard in health care; and, (f)encouraging state-based legislation for safe patient handling.


- **Priority Issue #3 : Brain drain from nursing**
  - *Issue Statement*: Losing human knowledge in a technology-intensive era can seriously affect organizational performance. Increased age is associated with increased experience that tends to raise experience-related functional capacities. The mix of younger nurses with varying skills and mature experienced nurses with established skills and wisdom creates a workplace that at times may be challenging. Keeping mature nurses in the workforce and maximizing their contributions while building collaborative intergenerational work relationships is key to retaining experiential knowledge in the workforce.
  - *Barriers*: The value placed on knowledge retention in health care systems needs to be increased in order to make significant change. The lack of quantitative research on the impact of lost knowledge on the nursing workforce and patient safety makes it difficult to justify programs that would combat this loss of knowledge.
  - *Proposed Solutions*: We recommend the following: (a) conducting research to quantify the impact of "brain drain" on healthcare including risk and safety issues; (b) redesigning roles for mature nurses that would allow the retention of knowledge while allowing them to function at an optimal level (for example, rapid response teams, mentoring and role modeling programs); (c) demonstrating the value of mentoring and role modeling programs in terms of both the confidence they provide new nurses and monetary figures; (d) employing experienced nurses for orientating new nurses in specialty areas to pass along their experiential knowledge and demonstrate skills; (e) developing structured comprehensive "knowledge retention and retrieval" programs to capture and categorize knowledge tat would be lost with retiring nurses in a way that can be utilized by subsequent generations of nurses; and, (f) encouraging employers to support and fund membership in professional organizations for new nurses and programs for life-long learning for all nurses.


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- **Priority Issue #4 : Inadequate work environment design and technology**
  - *Issue Statement*:  The use of technology and workplace redesign have been shown to create a more satisfying and supportive workplace for nurses. By improving work environments to keep nurses at the bedside and redesigning physical space, the available nurse hours for direct care can be increased.  The effectiveness of interventions to improve organization and job design, reduce job stressors, and create a healthier work organization have been documented. As mature nurses retire later or return to part-time work after retirement, design interventions will become necessary to accommodate them.
  - *Barriers*:  Currently, there are several technology related issues that make the implementation of mature nurse friendly equipment difficult, including a lack of interchangeable technology, which requires nurses to learn multiple technology systems in order to function; the need to retrofit equipment to the dimensions of the current facility which creates storage problems; as well as the lack of equipment that can be adapted for height, size, and age issues including arthritis-grasping, lighting, and font size solutions.  In addition, mature nurses find they lack the endurance to work 12 hour shifts, a common scheduling practice.
  - *Proposed Solutions*:  We recommend the following: (a) providing incentives to organizations to implement mature nurse friendly equipment rather than forcing regulation**,** (b) providing incentive to industry to create mature worker friendly equipment, (c) consulting ergonomic experts in the design of facilities (d) investigating emerging technologies surrounding the moving  and turning of patients and in patient  transport, (e) creating a clearinghouse for technology best practices and innovation, (f) conducting a study that would determine the costs and benefits of new technology and technology strategies (g) encouraging the use and development of technology such as "Central Brain Devices" that allow multiple tools to run off the same technology, telehealth, which allows remote access to monitor and interact with patients, as well as virtual labs and human patient simulation, which provide opportunities for nurses to train without patient safety issues (h) conducting roundtable discussions with all interested parties, including vendors, government, and health care organization administrators;  (i) conducting a recognition or awards program for health care organizations who have comprehensive technology programs in place to benefit mature nurses; and (j) designing facilities that are more nurse friendly by including nurses and ergonomics experts in the process.

- **Priority Issue #5 : Lack of incentives for retention of the mature nurse**
  - *Issue Statement*:  Many states are experiencing significant shortages of nurses and are having difficulty meeting the demand. The data on the high turnover rate may indicate problems in the work environment for nurses.  Through their

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human resource policies and procedures, employers can reduce turnover and increase retention of the mature nurse.

- o *Barriers*:  Currently the benefits situation for nurses does not encourage the mature nurse to stay working.  Many time conflicts exist for the mature nurse including the need to care for a child or an elder during normal working hours. With the lack of flexible work arrangements such as telecommuting, nurses are being forced to decide between working and their family responsibilities. In addition, there is salary compression, with new nurses being hired at beginning pay rates almost as high as veteran nurses.  Mature nurses see no incentive for continuing.
- o *Proposed Solutions*:  We recommend the following:  (a) providing on-site education work transition programs for nurses to acquire new skills for less physically demanding roles such as management, education, and advanced practice that would not otherwise be available to them; (b) providing on-site services such as take home meals, salon, subsidized elder care, and a concierge service for errands, and car maintenance that would normally conflict with a nurses availability for work; (c) implementing flexible scheduling such as bidding for shifts, phased-in retirement hours, and job sharing; (d) implementing phased in pension benefits that would allow the mature nurse to slowly transition into retirement; and, (e) providing better compensation, including an increased salary, shift premiums, flex time, weekend and holiday premiums, retention bonuses, and opportunities to climb the clinical ladder.

- **Priority Issue #6: Inadequate policies supportive of the mature nurse**
    - o *Issue Statement*:  America faces an impeding health care crisis that poses a threat to patient care and the quality of that care. It is projected that by the year 2011, large numbers of nurses will be leaving the profession without enough new entrants to replace them. At the same time the demand for health care and nurses will increase as the population ages.
    - o *Barriers*:  Among the reasons for the nursing shortages are expanding career options for women, inadequate numbers of nursing faculty, stressful and poorly designed workplaces, and wage competition from more lucrative professions.
    - o *Proposed Solutions*:  We recommend the following: (a) implementing legislative solutions that would allow for pension portability, health insurance, and more extensive Family and Medical Leave Act protections; (b) increase grants or funding for demonstration projects for organizations that are restructuring  work environments to increase recruitment and retention, and, (c) seeking NINR funding for demonstration projects which focus on new delivery models where senior nurses age-compatible roles which require less walking, standing, pushing and pulling; and younger nurses do more of the high-mobility, task-dominated work.

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